

PREGNANCY TESTING

I. INTRODUCTION

Providers of family planning services should offer pregnancy testing and counseling services as part of core family planning services and are part of a broader framework of preventive health services. Early pregnancy testing has a number of benefits. A positive pregnancy test allows for early entry into prenatal services for those who wish to be pregnant or a discussion of options for those who do not wish to be pregnant. A negative pregnancy test provides the opportunity to discuss contraception for those who wish not to be pregnant or preconception counseling for those wishing to become pregnant.

A number of different pregnancy tests are available. The most common office pregnancy tests are urine immunometric assays that are specific for the Beta subunit of human chorionic gonadotropin (hCG). These tests provide accurate qualitative (positive or negative) test results for hCG levels from 5 to 50 mIU/mL. Most of these tests can detect pregnancy 7-10 days after conception and approximately 1 week before the next period is due. False-negative results can occur if the urine specimen is dilute or if the hCG level is too low to be detected by that specific test. False-positive results can occur due to product or laboratory error or due to a cross-reaction of hCG with luteinizing hormone.

Urine pregnancy tests do not quantitate the level of hCG present. The immunometric tests for urinary hCG are generally positive when the maternal serum levels of hCG are 25 mIU/mL or more.

After delivery or termination of pregnancy, hCG levels decrease slowly. A hCG level may be detected in the urine as long as 60 days (31-38 days usual range) after a first trimester abortion. As long as the hCG levels are dropping this should not cause concern.

High levels of hCG can confirm trophoblastic activity. These tests can detect concentrations of hCG as low as 5 mIU/mL. Serum hCG can be effective as an aid to diagnosing ectopic pregnancy, trophoblastic disease, impending abortion or possible retained placental fragments.

II. PREGNANCY TESTING: PLAN OF ACTION

- A. Perform a review of systems (ROS) and a medical history
- B. Assessment of client needs including assessment of pregnancy intention (refer to *Reproductive Life Plan* guideline). The following questions can be used to prompt this conversation:
 - “I am wondering, if your pregnancy test is positive today what are your plans?”
 - “How would you feel if your pregnancy test is positive today?”

- C. Assess for possibility of pregnancy too early to detect.
- D. Perform a pregnancy test upon the request of the client. Offer a pregnancy test if the review of systems or physical findings suggest the possibility of pregnancy, and/or if the initiation or monitoring of contraceptive methods indicates it. A qualitative urine pregnancy test is usually sufficient, but a quantitative serum test may be needed if there is bleeding, pain, or other symptoms that may suggest a threatened abortion, ectopic pregnancy or other pregnancy related complication.
- E. Provide pregnancy test results. Pregnancy test results should be provided in a neutral, factual and non-directive manner in line with the *Quality Family Planning Guidelines*.
- F. Provide pregnancy results counseling (see more details on this below). Offer the client the opportunity to include partner or other support person in the results counseling. However, if a client opts not to include anyone, confidentiality must be maintained.
- G. The pregnancy test result and subsequent counseling should be documented in the family planning record and/or on a pregnancy test encounter form.

III. PREGNANCY TEST RESULTS COUNSELING

Pregnancy test results and counseling should be provided in a neutral, factual, non-directive, client-centered manner. Providers can refer to the resource “Principles for Providing Quality Counseling” which is included in the “Quality Counseling Handouts” resource available for download at:

<http://www.cardeaservices.org/resourcecenter/providing-quality-contraceptive-counseling-education-a-toolkit-for-training-staff>

A summary of these principles is included here:

- Establish and maintain rapport with the client
 - a. Create a welcoming environment — greet the client warmly, show you care.
 - b. Listen to and engage your client by asking open-ended questions.
 - c. Explain privacy and confidentiality to help build a climate of safety and trust that will encourage questions at every stage of the client encounter.
- Assess the client’s needs and personalize discussions accordingly
 - a. Tailor your questions and conversation so that your client’s clinical needs, personal life considerations and psychological concerns are integrated into important education and decision-making discussion.
 - b. Work with the client interactively to establish a plan
- Address your client’s personal goals by interactively exploring decision-making and readiness for behavior change if needed.
 - a. Help establish a plan that will allow the client to achieve personal goals.
 - b. Provide information that can be understood and retained by the client
- Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client’s plan at this time in her or his life.
- Use an interactive teach-back process to give your client an opportunity to say — in his or her own words — the important information shared during the encounter.

A. Negative Results:

- a. Provide results and assess for pregnancy intention/reproductive plan:
Now that you know your pregnancy results are negative, what are your feelings/thoughts about pregnancy?
- b. Provide additional services or referrals (as outlined below in Section IV).

B. Positive Results

- a. Provide results and assess for pregnancy intention/reproductive plan.
- b. Now that you know you are pregnant, how are you feeling?
- c. All positive results need to include the following information irrespective of client's pregnancy intent/plan:
 - i. Estimation of Gestational age
 - 1. If LMP is uncertain, pelvic or sonogram
 - 2. If ectopic pregnancy suspected immediate referral to provider able to manage this condition
 - ii. Normal signs of early pregnancy
 - iii. Signs of problems of early pregnancy and what to do/who to contact
 - iv. Offer to receive pregnancy options information and counseling

IV. PREGNANCY OPTIONS COUNSELING

- A. It is a Title X requirement to offer clients information and counseling on the following options for pregnancy:
 - i. Continuation of pregnancy with plan to parent
 - ii. Continuation of pregnancy with plan for infant care, foster care, or adoption
 - iii. Termination of pregnancy
- B. If client states she does not want to hear about a particular option, respect that choice and do not provide information about that option.
- C. The information and counseling on each option should be provided in a neutral, factual, non-directive manner and appropriate referrals should be made upon request.

PREGNANCY TEST RESULTS MANAGEMENT

- 1. Positive pregnancy: Desires to continue pregnancy
 - a. The client is encouraged to enter a prenatal care program within 2 weeks assistance in obtaining care and/or early tests. If immediate enrollment not possible, offer client early pregnancy services such as early pregnancy counseling, STI screening and immunizations.

- b. The client should be counseled to start taking a daily prenatal vitamin containing 0.4 mg of folic acid.
 - c. The client should be offered prenatal education to include the need for early prenatal care with emphasis on good health practices during pregnancy (e.g., good nutrition, avoidance of smoking, alcohol, drugs and exposure to fish containing mercury or other dangerous substances).
 - d. There needs to be a discussion of all medications and supplements the client is using and education regarding potential adverse effects on pregnancy of some medications. Let the client know if any of the medications she is taking has the potential to cause birth defects and make a plan for safe discontinuation/substitution of these medications. This should be done in coordination with prescribing provider or other medical provider able to manage the medication and medical condition for which it was prescribed.
 - e. The client needs to be assessed for supportive interventions and offered appropriate referrals to MCHIP, WIC, Healthy Start, DSS (adoption, foster care), genetic counseling, etc.
 - f. Expedite and follow Follow-up with referrals for clinical or social services.
2. Positive pregnancy test: desires to terminate pregnancy
- a. The client needs to be referred to an appropriate health care facility/provider for termination options, details, timing, and costs.
 - b. The need for a timely decision about termination should be emphasized.
 - c. The need for effective contraception after pregnancy termination should be discussed.
3. Negative pregnancy test: desires pregnancy
- a. The client should be offered preconception counseling as outlined in this Family Planning Program Clinical Guidelines manual please refer to *Reproductive Life Plan*.
 - b. If infertility appears to be an issue, physician consultation and referral should be considered please refer to *Infertility Services*.
 - c. The client should start taking a daily multivitamin containing 0.4 mg of folic acid.
4. Negative pregnancy test: does not desire pregnancy
- a. This is an opportunity for creating a reproductive life plan with client as outlined in this Family Planning Program Clinical Guidelines manual please refer to *Reproductive Life Plan*.
 - b. If a missed period was the reason for the pregnancy test, offer the client a repeat urine pregnancy test in 2 weeks if there is still no menses.
 - c. Assess need for contraception and perform contraceptive counseling in line with *Quality Family Planning Guidelines*. Providers can refer to the resource “Principles for Providing Quality Counseling” which is included in the “Quality Counseling Handouts” resource available for download at:

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- d. If the need for contraception is immediate, offer the client one of the barrier methods of contraception.
- e. Offer the client emergency contraception for any unprotected vaginal intercourse that occurred in the 120 hours prior to the current visit.
- f. Offer advanced placement emergency contraception for future use.
- g. Hormonal contraception may be offered if the client meets the criteria for the respective hormonal preparation being considered. No pelvic examination is required to begin the method.
- h. Offer the client an appropriate family planning appointment or referral.

III. FOLLOW-UP

- A. Follow-up pregnancy testing should be conducted three weeks following the last intercourse if pregnancy test negative but there is a possibility of early pregnancy
- B. A serum quantitative hCG should be considered if repeat urine pregnancy tests are negative despite evidence suggesting possible pregnancy.
- C. Follow-up appointments will depend on a client's contraceptive requirements, reproductive life plan, a client's menstrual history and clinical condition, and further need for pregnancy testing.
- D. Follow-up on referrals and offer assistance in entry to prenatal care, accessing social services or completing other referrals that have been made

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